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Advocacy • Education • Leadership

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Interview with
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President 2008-2009

Committee Member: Dr. Martin, welcome to you this morning. We are attending the ACOFP National Convention here in D.C. and you have nearly completed your presidential year. The Committee would like to congratulate you on a great year. You have set an example of service to the profession that we all should emulate. The committee would like for you to share some of your story with us today. For starters, did you have a particular theme this year, or perhaps some special goal to achieve?

Dr. Martin: The answer to that is no, and I'm going to change the tone a little here. I don't think this was ever Dr. Martin's story. I think it's more the story of the ACOFP for the past year and more the story of the organization and its members and the profession. I, as all presidents do, had the honor to be the face of the organization, but it's not about me. It's not really about any one president, it's about the organization, it's about the profession and it's about the patients we take care of. Now what became the area of emphasis for us as a profession during this past year was change and reform in health care. I used the word "respect" a lot this year when I spoke about increasing the recognition and respect of osteopathic family medicine and the critical role it plays in our health care system and the critical role it should play in the reform of our health care system. We expect that osteopathic medicine will be a big part of transforming our health care delivery to one that is patient-centered and one that puts an emphasis on health. I think that Andrew Taylor Still Stated it very much correctly when he said that "Our charge is to find health and wellness. Any fool can find disease." This year I tried to put a lot of emphasis on expanding the respect for osteopathic family medicine and primary care.

The second thing that evolved during the year was that we spent a lot of time and effort on was on education. We're seeing tremendous evolution in education at the pre doctorial level with the demand of competencies and utilization and knowledge, not just accumulation of facts. At the residency level we are dealing with developing new skills and procedures and competencies that are entirely different

than what I needed 30 years ago. I'm an example of the old experiential preceptorship see one, do one, teach one type models that's just simply not adequate today and will not be adequate for our residents tomorrow. So I think our challenge is looking at education; how are going to interact with our colleges and what can we do to get the right students in? Then we have to figure out how to keep them interested in primary care. What are doing to reform our residences to be sure that our students have the skills, knowledge, and competency they need to be quality practitioners in the next decades? What are we doing to reform our CME processes for our physicians because simple accumulation of fact is not enough? How can we help future DOs reform their practices to be competitive and cooperative? So I think those areas became what we worked on this year, but they weren't really a "theme" of my presidency. I think themes make it about you and it's not about me. It's about the membership and the profession.

One thing that impressed me this year was that I found leadership everywhere I went. If I have a best summary or recollection of this year, it will be the quality and the passion and the dedication of the professionals that are within our profession. I found tremendous leadership. I found lots of people that were trying very hard to do the right thing in the right way, and that's not always easy. That forces you to make some very unpleasant decisions at times. So I think the year will be remembered as being about advocacy and education. I'm very proud of the fact that Carol Henwood* and Jan Zieren and Don Farley* and others put together a women's initiative, but that's about developing leaders and providing education and finding out what our professional women value that would make them want to be a part of our organization. It's about our women members. We think we already know what us guys value. We value power. We don't know necessarily what our women members value that's going to make them take the time to contribute to our profession. I'm very proud of the work that we did with students and residents this year, but other people started that. I just tried not to screw it up. But I think that advocacy and education are probably the two biggest areas. I spent a lot of time talking about resident reform and health care reform this year as I moved around the country.

Committee Member: What was your biggest challenge this past year?

Dr. Martin: As I told Jim Froelich this morning, this is a difficult question because I don't have a perspective yet. I'm still right in the middle of everything. That question will be easier six months or a year from now.

But I think the biggest challenge was getting the average member out of their funk. I mean family medicine and primary care's been beat down for so long. We've been told we're not an important part of the health care system. We've been told we're not the quality of physician that they're looking for. We have been beat down to the point that getting the average member to not feel helpless and hopeless. It was frequently very much about treating a state of depression in the members. I could get the leaders motivated but to get that 9,000 or so members to realize that there have always been challenges in osteopathic medicine but that we have survived well was sometimes difficult. We've been challenged throughout our history by various things, but look at the opportunity and the promise that osteopathic medicine has been to us all! Yes, the door may be slammed shut on solo private practices in Enid, Oklahoma, but the door opened on other opportunities that may prove to be even greater for family medicine and for primary care and for osteopathic physicians. I discovered that it was one of my main duties to get people out of their funk, to raise their eyes up from their shoes and look at what's possible in front of them and to accept the challenge, to make the changes that are needed for them to continue to be successful without giving up our personal identity. I'm an osteopathic family physician. I'm part of a distinct branch of medicine that has a tremendous history, a tremendous presence, and I think a great future. I believe in being cooperative and collaborative with all the rest of the house of medicine, but it doesn't mean I want to join them. So to get us to look optimistically to the future and make plans to fill that optimism without saying, "Well let's just throw our hands up and join the rest of them and give up," was a challenge at times because it is, as the analogy goes, "it's difficult to remember your initial objective is to draining the swamp when you're up to ass in alligators". It is true that all of us, day-to-day, get so "up to our ass in alligators" that we forget our main objective: quality patient care. I think a large part of our job as the ACOFP and as president is to have people raise their eyes up and look at what's possible, not what's biting you in the butt every day. And that's a challenge when some guys saying: "My income has dropped from $180,000 a year to $120,000 a year and I've laid off four people and I don't know what I'm going to do". It's a big time challenge to get people because change is hard. People stay in bad marriages for 30 years because they don't want to make the change. It is hard to get them the motivation to move forward to change sometimes.

The next biggest challenge we had, and there are going to be three, is what I refer to as maintaining osteopathic identity and pride. We have lots and lots and lots of students that even when they go into primary care; they want to be physicians and not necessarily just osteopathic physicians. One of the big challenges of any minority when you become successful; one of our biggest dangers is success. When you become successful, the tendency is to merge into the greater majority and you give up your distinctiveness and your identity. So how can we continue to be successful and maintain identity? We can't simply become like the majority and assimilate with the larger groups if we're going to remain a profession, and that's a huge challenge as to us. How are you going to balance that success with your distinctiveness? Minorities gain success by bonding very tightly together and fighting against the larger aspect. But once people start to accept you and you don't have to fight as much, then the tendency is to: Oh well, we don't have to do that anymore. Well it hasn't been that long. I mean I sued a hospital in 1985 to get privileges. But I just went to Idaho two months ago and talked to a physician group where they said, "We'll take any DO, but they have to do an ACGME residency. We're not going to accept DO residency." So it's not all over and it's never all over when you're a minority of 7%, but success is our biggest danger. How we blend success and become cooperative and collaborative in a part of the community without giving up our identity as to who we are as osteopathic physicians in that regard. It's a big deal as to how we're going to do that.

And then the third challenge was how we are going to grow, become stronger without endangering our relationship with the AOA and with other osteopathic affiliates because that was a challenge this year. We had challenges from AOBFP that we have to work through as they look to expand their spear and their scope through maintenance of certification and maintenance of licensure. We have challenges with the AOA as the AOA is challenged in their own struggle for identity and recognition and economic survival and they start looking before they can expand that influence and it expands into our sphere, and this is part of my family. The last thing in the world… My biggest regret is that we had any conflict within our own family during the year. I think we resolved some of that well. But the challenge is how we build our own strength, build our own identity, make the changes that we need to make to be a strong viable organization with Certificates of Added Qualifications and changing residencies and do that in such a way that we can coexist with other osteopathic affiliates. We need to

have CAQs in women's health, in dermatology, and endoscopy, but we're getting kicked back from other osteopathic affiliates. We're trying to expand our presence in advocacy and education and we get kicked back from the AOA, so it's a huge challenge to balance where's the effective balance in between, between representing our organization and our professionals and yet remaining a part of that continuum that's so important to our survival. We can't survive without them. We sometimes say, "The hell with it; we'll just go do our own thing." The reality is: we cannot survive without them and they can't survive well without us; they can only thrive with us. Each of us has economic and membership challenges. We have expectations from our membership and we look to fulfill them. There's so much overlap in this family! It's great that we're a family, but we are more intermingled than any other professional organization. There's so much overlap until you really can't throw your arm out without hitting somebody else in your family. It's like being the old lady in the shoe with 150 kids. Between our state affiliates and the AOA, there's so much overlap that it makes us close but it also makes for food fights within the family, and that's a big challenge for us. The AMA doesn't have that problem because they have nothing to do with the colleges. The colleges of the AAMC don't see that because they have nothing to do with the residencies. We are very intermingled. Certification and accreditation are all controlled within the AOA and its affiliates, so we're very tightly intermingled. In the past did that to survive. We did that because if we weren't tightly intermingled and we weren't fraternal, if we didn't have the Nameys and the Burnetts and the McDevitts and all, we wouldn't have survived. But as we grow and quit being adolescence, we quit being children and we start becoming young adults, young adults want a certain degree of independence and that certain degree of independence means that you start fighting with your siblings and your mom and dad and that's where we are today. We'll never go back to those days of Joe Namey. I was sitting there when I was student, I was the first national president of the student chapter presidents, COSGP*, I was the first national president and Namey walked up to me at the Old Drake Hotel and said, "Who and the hell are you?" After I stained my underwear I said, "Dr. Namey, I'm Ronnie Martin and I'm a second year student at Oklahoma State and I'm the National President for CSOGPs." "You know Bob Jones*?" I said, "Yes, sir. He's one of my mentors, one of my heroes." "Then get your ass down here and sit by me." I was there when he walked up and handed the ACOFP a sheet of paper and said, "These are your officers

for next year." That was a strong fraternal organization that was necessary to survive when you were getting your ass attacked from every side. We're not going back to that. We have too much talent in that regard and that growth, that success, is a big danger to us. How do we pick a new pecking order? So I think those were the major challenges that we faced during the year and there will be new ongoing challenges for us because we're not through growing. We're changing from being a paternalistic organization to being a very independent democratic organization; and just like a teenager going through zits and growing pains, it's painful, and we've got a ways to go yet.

Committee Member: Did you address the issue of membership this year and how?

Dr. Martin: We tried to address the issue of membership by showing value. We didn't try a lot of tricks to fool physicians into being members and come sign up for free. We didn't worry about numbers. We decided that if we provided great value, if we showed advocacy, if we showed them how they could make them more money or be more successful, or if we showed members what we were doing to advance osteopathic medicine that that would bring members to us. People join organizations for some reason and the reason is important to them. We don't always know what it is. I've talked to a bunch of psychologists before the year started and they're the ones that told me, they said, "Your men join organizations for power and for representation and power. They want to change the world. They want to be involved. Women join for value. What in your organization do they value? What is worth them giving up their time and not being with their children?" And so we looked at advocacy and women's issues and we put a lot of emphasis on our patients because that's what we all value. So, yes, we tried to address membership directly and very aggressively. We did it by making it worthwhile to be a member of ACOFP. We're going to give you things to come back, not by just going after numbers. Artificial numbers don't mean anything. I would rather have 9,000 actively engaged, involved members than 15,000 that sign a sheet of paper but really aren't engaged in the profession. So I think that our membership is critically important, but I think that we have to remember that we have to earn those members everyday. We don't have a right to them any longer. There's no entitlement. It's not the old profession whereby you had to do an osteopathic internship and residency and you had to be a member. Members now have some choices and it makes it challenging for us to make sure we're doing the right things to earn their support, and we spent a lot of time trying to talk

about what we could do to earn the support of our members. Then it becomes our responsibility to let them know about all these things. We don't communicate that well for a national organization and we had to work hard on communicating our value to them. We did that with our people going out in person. We did that through the blogs. We did it through discussions with students in the schools, so I think we did an awful lot. The Board did an awful lot this year to try increase membership. But we really did it directly by saying, "Don't be foolish. Here's a T-square that says you're getting a hell of a lot more value for your money. You're an idiot if you don't below to this organization. It's in your benefit."

Committee Member: Your biggest disappointment this year.

Dr. Martin: My biggest disappointment was the amount of conflict that we had with AOBFP and certain times of conflict with AOA. A lot of that was communication. They would do something and not communicate with us and we would retaliate by doing something and not communicate with them. It created conflicts. Any time you're in a conflict, you're wasting resources and time that you should be using to positive things. We had AOBFP make some decisions without talking to the Board at all and then some of the decisions they made regarding continuing certification endangered 40 to 50% of our members so they forced us to react instead of sitting down and being collaborative with them. We spent a lot of time fixing that miscommunication. It's probably fixed now, but all that time and effort that we spent during the year fixing that could have been going to something else more positive. We had AOA make some decisions that were not like some of our decisions and those became conflicts. Then we tried to talk to them and things became reactionary, and we had to spend time fixing those conflicts. So anything that we did during the year that was nonproductive, that wasn't in the benefit of either our patients or our membership, I regret because we have limited resources and I'd rather have dedicated those resources to things that benefited out patients or benefited our membership instead of having to defend them.

I'll tell you what one of my greatest prides is. We finally settled an issue with AOBFP that's been ongoing for six years. We had a conflict with them regarding term limits on that board and we truly felt that that board needed some refreshment. People had been on there 37 years and that it didn't reflect the practice of medicine today in the new environment. There needed to be some resolution,

and that all started with Dr. Mall*. That issue has gone all the way through every president up until now. The AOBFP board had adopted a philosophy: We'll just wait until you are no longer president and see what the next one has to say. Unfortunately we had to bring it to a conflict in order to bring it to resolution. We were able to resolve it during this year however, and I consider that to be a major accomplishment for the good of the ACOFP. We had some conflicts with AOA and how they were treating us on our conventions and how they were treating us on a couple of other issues, and it finally had to come to a head early in my pregnancy - - (Well I guess it's almost like that!) I meant early in my presidency, but we really had made that decision as a board. We had been dragging this out for four or five years and so I made the decision. I decided: What the hell, they can't throw me out of office now. Let's bring these things to a head. I went in at the end of March. By July, we had most of the old issues resolved because we just flat took a stand, forced the communication to occur and we got them resolved. We got the convention issues and the other issues resolved by finally forcing them forward. Instead of walking around in that uncomfortable situation where nobody's really happy, but 'oh gosh we don't want to say anything directly" we decided the hell with it; let's get this 800-pound gorilla out on the table and kill it, get it over with because I don't want to deal with this the rest of the year or next year or another year. So we brought it to a confrontational head and were able to get issues resolved very satisfactorily. Now Jan Zieren and Kenny Heiles will not have to deal with that for the next few years. We can put resources somewhere else. So in a way I am upset that we were forced to do that. We were forced into a confrontational situation within my osteopathic family, but I'm very satisfied that we were able to get issues resolved so we go on building the appropriate things for our membership and our members.

Committee Member: Ron, one of the things that I've always admired is your eloquence in expressing your passion. I could sit and listen to you for hours on end because of the history that you bring with your 30 odd years of practice and your expertise in medical education. Now considering the situation with our residency issues, what do you think the future is for osteopathic family medicine residency programs with some of the new initiatives, with the Obama stimulus plan, with the millions put towards IT? I am particularly referring to the young guys who are going to be forced to make decisions about going into

family practice, the amount of economic reward that they are going to achieve, etc. Where do you see ACOFP in the future?

Dr. Martin: I don't think there's been a better time in our history since 1963 to be looking at primary care and family medicine. I think the potential is tremendously bright. Except for the United States and China, the entire world's health care system is based upon primary care. It's centered on primary care. Our system is centered on procedures and volume and specialty care and institutions and disease. Because of that we spend 2.5 times more money than anybody else in the world and we're 37th in the world's health care rating. We simply can't afford it. I think the potential for family medicine is unbelievable. Now we're going to have to be willing to evolve. I don't believe in revolution. I'm a big believer in evolution. Let's evolve into what we need to be and not destroy something. And we're going to evolve pretty quick because one thing that's becoming evident with Obama and this Congress, they're going to do something in the next two-to-four years. They're not looking at a 20-year period. So we're going to have to be willing to evolve pretty quick. If we're willing to evolve to meet the market and to meet the demands of our students, then I think we've got more potential at this time than we've seen in my 30 years. Of course in the early '60s, I was teaching school and doing other things like practicing pharmacy. Our potential right now is tremendous. We need to evolve our residencies, and that's going to be hard on some of our "old fart" residency directors, to evolve them quickly to meet what the market needs, that's both the students and the patients. But we're heading towards a primary care-based system nationally. We're going to go to a preventative medicine system, a wellness system, because we can't afford to do anything else in this country. Our patients are demanding it, and the people that are paying for it are demanding it. They're saying the products you guys have been given us stinks. So we have a tremendous opportunity to help shape that and evolve it very rapidly, and our family practice residents are going to make more money and they're going to have more privileges and get to do more procedures out of this because it is the right thing to do. We have to actively, continuously and clearly say what we want. We want a patient-centered, primary care-based system. We want a system that is going to emphasize preventative medicine and wellness, and here's how we can do it. We can't just stand up and say, "Here is how we can do it better. Here's how I can do better. We can do the diagnostic procedures, the preventative procedures, the advanced primary care and then we

don't have to stick them in the hospital." Why does a urologist have to order MRI when somebody has a syncopal episode? Primary care can make those decisions and order the most proper tests much more efficiently and appropriately and at a savings to the health care system. The studies and statistics lay that out clearly. I think it's a fantastic time to be a family physician. I firmly believe that the ACOFP has tremendous, tremendous potential. The danger is: If we don't do it and we don't aggressively represent and advocate for our members and we don't lay out a clear pathway and a clear decision, somebody else will do it for us! The system's going to change. Whether the nurses take it over or the internist take it over or the AAFP takes it over, somebody will lead this charge. Now I think we have a very clear concept of what to do. If we can articulate that clearly, then we become a leader in the evolution. If we lead, we won't have to wait until somebody else designs a system that we have to fit our system into; we can evolve into the right system now. I think the potential in the future for family medicine is incredible but if we don't take control, somebody else will and we'll have to be reactive again.

Committee Member: Where do you see us now with the issue of medical home?

Dr. Martin: I think we're right on the edge of reality… We have not yet as a profession made the commitment. Whether it's a medical home model or whatever it is, we have not made the commitment that we're going to fight for a system based upon primary care. The current system is dysfunctional, disorganized and non sustainable. By God, we're going to have to stand up and say: "Sorry Mr. Surgeon, sorry Mr. Radiologist, no disrespect intended, but you saw the survey that came out just yesterday that said 20-to-50% of all diagnostic studies are unnecessary". We're going to have to stand up and say, "The current system is not meeting the needs of my patients. Here is a system that will meet them." We're right there. We're willing to do it. The leadership has made that decision. Now the challenge is: You have to get the membership on board. You're not a leader if you're taking a walk in the field by yourself. You're just taking a walk in the field by yourself if nobody's following you. We have to convince our members of what's important and get them involved. I'm very excited about it though. I think our potential is phenomenal. I think we're well positioned and we have good representation. We have an advantage that the medics never dreamed of. The AOA is 100% committed to supporting this concept of reform. You're not going to get the American College of Surgeons and the AMA to say the

same thing. AAFP may say it. ACP may say it, but you're not going to get the other organizations. We have a tremendous, tremendous advantage in providing leadership in that area because our national organization is saying the same identical thing. We need to leverage the hell out of that and we need to take advantage of it. I'm sorry to getup on my soapbox. I sound like I'm in church up on pulpit, but we have such a great opportunity. The ACOFP and the AOA have never been in such a potential leadership position. never. We've always been the redheaded stepchild but now we're getting recognition through the. Patient Centered Primary Care Coalition [PCPCC]. When I go to those meetings for PCPCC , I have the president of IBM and Ford and Dow Chemical coming over and wanting to ask me: "How would you address this issue?" That's big when you have somebody asking your opinion before the decision is made, not making the decision then telling you what you're going to do. Now we have to follow through. We have to be responsible. We have to be responsive and we've got to get our membership with us in a hell of a big hurry. I talked to people after my presentations on medical home and two-out-of-three didn't even understand the basic concepts. We've got some education to do in a hurry.

Committee Member: What or who are the obstacles to our decision to institute the medical home model? What will get in our way of being successful?

Dr. Martin: Well there are so many stakeholders. Change is very hard as we find. So one is the obstacle of inertia - how do you make this colossal change? Inertia itself, getting the ship going in that direction, is the problem. The second thing is there are a lot of stakeholders that are doing really well financially in the current system, the hospitals, the pharmaceutical companies, the durable medical goods companies. Many of our procedurally-based, disease-based practitioners are doing exceptionally well in the current system. There's $2.6 trillion going into the current system. So when you have stakeholders with that kind of money, they're going to fight like hell to not allow change to occur. It's going to take the current stakeholders in the system, and they have a huge amount of money and are very entrenched in this system. Last year they spent somewhere around $800 million lobbying Washington to make damn sure that nothing changed, so that's one of the obstacles. The second obstacle will be the public recognition that primary care, as a center, is not just a nurse or nurse practitioner. You need a physician to lead this team. There will be a public reception. There are 1.2 million RNs around this

country and they've worked hard in the last three years to get recognition. The big advantage this time is that the people that pay for care are saying our current systems sucks. So you have the payers in your corner. The ACOFP and the AAFP have the people that pay that 2.6 trillion in our corner saying, "We just don't like what we're buying. We're paying a lot of money for a product that's not very good." But the rest of the medical world out there is going: Wait a minute, I'm doing pretty damn well right here. I mean really, I'd do another arthroscopy of the knee and I can make a car payment. It didn't make any quality outcome difference but I can make a car payment… So it'll be a big time battle. It's going to take somebody at a high level just changing that policy and then be ready for the next 10 years for the fighting and the squabbling as things settle out. Once you get the philosophical change to occur, then it's just a matter of how you're going to make it happen. You're fighting over how you're going to make the changes. But there are major stakeholders – the College of Surgeons, radiologists, hospitals, institutions, a lot of insurance companies, etc. I've talked to stakeholders about the insurance company demonstration projects and they're tickled to death to have a doc that will do all this stuff; but when you start talking about: Okay that doctor saved you $4 million this year, you're going to give 400,000 of it back to him. They say: Oh no, I'm not. I'm going to keep that for myself. There are huge savings! They're perfectly willing to let us to do the work, but giving us the recognition for that collaborative continuous care and that coordination of care that kept some policy holder from having a bypass surgery in the last 10 years seems too tough for them. They save $400,000 in premiums and we should get part of it back for our expert management. It's going to be tuff to get that change: getting recognition and respect for what a family medicine doctor contributes. I saved the system $4 million; I want $400,000 of it. That's going to be a big, big issue because if docs don't get rewarded for this extremely valuable cognitive care, for this all important continuous management, for meeting these quality outcomes, they'll quit doing it because it's a lot of work, and it takes resources. They'll quit doing it if there is no incentive. We're just one stakeholder in this battle, but there are some other folks out there with some pretty big swords. We are not the ones with the greatest influence in the battle but we are in a fantastic position.

Committee Member: What in your opinion do we do about some of these young students and a couple of deans that want to change the degree to Osteopathic Medical Doctor [OMD] or Doctor of Osteopathic Medicine [DOM] or even offer a duel MD/DO degree?

Dr. Martin: I think: One, there's a small percentage, and you saw as well as I did, they were in my school too, those few who are angry and resentful that they had to go to an osteopathic medical school to be doctor. They're disgruntled that they had to go to DO school to be a doctor. And that small percentage is going to do whatever they can to become what they wanted to be, and that's an MD. They're going to try to change the school, change the degree, what have you. But the majority of students in my opinion, want the same thing that we have always wanted. They want better recognition of our degree, better respect for osteopathic physicians, wider worldwide recognition of our degree. They want to be reimbursed fairly, and they want to be treated fairly. That's exactly the same thing we want. If we can channel that energy and get them to recognize that what they really want is respect and recognition and that we do this in a better way, then they might jump on board without trying to change the degree. If we change the degree to "OMD", I mean we spent 130 plus years trying to get "D.O." recognized; if we go to OMD it's another 130 years, let's channel that energy into this: We want the same thing you do. We want better local, nationwide and worldwide recognition of osteopathic medicine. We want expanded respect for it. Let's put our energy and our money into doing that. If we harness the energy that those students channeled that way, we'll be successful in ways we've never been in our history, because that's what we all want. We can't help that small minority segment over here that want to be MDs. Whatever we do, we're not going to change them. The OMD will be one step and then they'll go: Well nobody really knows what OMD is. Let's just drop the "O" and be MDs. And then nobody really knows what a DO is, we'll just change all of our schools. That group really is a minority of our students, a very vocal minority and unfortunately we have some leaders in our profession that are supporting them. I think that this movement, this OMD movement, this movement towards combining degrees and all, I think if we channel that energy, if we're smart enough as leaders to make them realize what they're really interested in is recognition and respect then we can put our energy and our money together to get that done. That's what we want. We want respect for the osteopathic profession. That's our challenge as leaders, to convince them: It isn't the name. It's isn't OMD or DO

it's the fact that we want respect for the practice of osteopathic medicine. I think we have a great opportunity. Now if we just react, because we can, we can slap those little students down just like we did it in the house last year, but our challenge is to take that bunch of these kids on that task force and channel their energy into increasing respect and recognition. .

Committee Member: Ron, you're in a very interesting position with being the head of an osteopathic medical school.

Dr. Martin: Presently and maybe temporarily but presently.

Committee Member: Well whatever, you've had the chance to institute something that we spoke about a long time ago: Trying to select the right people into osteopathic medical school in the beginning. How do we avoid selecting those people you just alluded to who never really wanted to be osteopathic physicians but chose to as an alternative in order to get into medicine for whatever reason? In your school you are placing a bit more emphasis in the interview process on people that want to be osteopathic physicians, Have you found that that is helpful to bring back the pride in osteopathic medicine? Dr. Martin:

I think it's going to help. I think that systems produce what they're engineered to produce. Medicare is a perfect example. Medicare is a system that's engineered to produce procedures, volumes, and institutional care. It took us a long time to figure it out, but we're doing it damn well. The same thing applies in medical school. If your desire in medical school is to graduate physicians, you'll do that. If you're desire it so graduate osteopathic physicians, then you'll do it differently. You'll look at the profile of the students that are more likely to go into primary care and community service and community-based practices. They're generally a little bit older; they're from rural areas, they're first generation professionals. They have a tie to the osteopathic profession. We've looked very hard at that. You also need to design your curriculum to give them respect for those choices. We put primary care physicians in the classroom teaching cardiology and teaching women's health, the same thing that I treat. Cardiologists don't treat hypertension much anymore. Primary care doctors treat hypertension. If it's really bad, the nephrologist treats it. So you don't put a cardiologist up giving those lectures. You have to give them strong positive role models and mentors from day one because they've made the decision of what specialty they're going to go into by the third semester. So we put very strong role models and mentors in front of them early. Our clinical rotations, all of our clinical experiences in the first semesters are primary care community-based. They don't get to go stand in the research lab

the first two years. So give them primary care opportunity. Students are humanitarian and philanthropic, and then we beat that out of them in medical school. But if you give them mission opportunities and outreach opportunities and service opportunities, you keep that humanitarian and philanthropic spirit alive. That's very important and we built that into our curriculum. We give them role models on campus. I don't have the Colorado Medical Society on my campus. I don't have AMA student chapters on my campus. Those are good organizations, but I'm putting osteopathic role models in front of them because I'm only going to keep a certain percentage anyway and that percentage gets smaller if one gives the students other role models. It's just that simple. I'm not going to keep 100%. Hell if I keep 35%, I'll be happy. But if I don't do these things, I'll keep 6%. My clinical rotations in their third year, they spend six months in a community-based setting, so they're doing two months of family medicine and two months of community-based underserved, be it rural or inner city medicine, and two months of outpatient based medicine in their third year before the match so they can see that you can practice quality medicine, make a good living, and here's a role model and a mentorship opportunity for you instead of spending the entire year at academic health care with a sub-specialist. Now they're going to get that. They're going to get 10 months of that type of training, but they're going to get part of that in a sub-internship in their fourth year. I'm going to make damn sure they can pass boards. But I'm trying to put strong role models in mentorship. We're trying to put an emphasis on professionalism and ethics in front of them, and I think if you do that in the curriculum, you can influence a percentage of them; that will never be 100% but we will try. My goal for my graduates is 40% of my people going to community-based primary and secondary care because I need a bunch of general surgeons and ER docs to do that, and I think we can do that by giving them role models. If you engineer a system to turn out osteopathically-based, community-based physicians, you've got a better chance of achieving it. If you engineer a system that puts its emphasis on specialty and sub-specialty care and on the academic health care center, then you can't be surprised when like the University of Colorado Medical School, only 6% of the graduates go into primary care fields. The whole system was designed for them not to go into a primary care field. So I think we can do that, but you have to be clear as to what you are. We don't care what CU does. I don't care what University of North Texas does, well I do personally. But as far as my job as the Dean of my medical school, I only

care what we do. That's all I can control, so we're going to design our system to meet our primary mission and vision and we say we're going to develop holistic, professional, osteopathically oriented primary care with community-based physicians to meet the needs of those underserved populations and then design the system to meet that mission and you'll succeed. So, yes, I think you can make a difference. We are trying but we're not going to change everybody's mind. Students are a hell of lot smarter than I am, and they learn very quickly what to say and what to do. When you interview them you can only pick up some of it. We turn down students that have great grades and credentials but we don't think they'll fit our environment. I tell students when they interview with us, there are two things that are supposed to happen. They're supposed to find out if I'm the institution that'll help them meet their dreams and ambitions. Is this the right place for them to go school because we're going to work their butts off. And are they in the right environment to meet their dreams and ambitions? We're trying to find out if they're the type of student that will advance our goals and dreams and mission and vision. That's it. If they weren't smart enough to go to medical school, they wouldn't be sitting there, but that doesn't mean they need to go this medical school. Are you going to fit in with our environment? And I think we did a pretty decent job in first class. We're working hard on a second class, but we're not going to know for seven years how we did. We're really not. And I think if you build a system right, it tends to crank out what you want, it's just engineering. You put the right raw material in the right system, you have a better chance of getting the product you want. If you've got the wrong system, you picked the wrong raw material. You pick a kid that spent seven years in a lab and that's all he knows and you expect them to go into primary care in Cortez, Colorado, ain't going to happen. It's just not going to happen.

Committee Member: Ronnie, with all the commitments to the Rocky Vista Medical School and the building of the school and curriculum, how in the world did you carve out all the time and the energy that it takes to be an ACOFP president?

Dr. Martin: You find time for what you have passion for, what you believe in, what's passionate to you, number one. Number two, I had unbelievable support. Sherri, my wife, has as much a commitment to this profession as I have ever had for 30 years. I'm so blessed. Also, I don't have small children at home and when I go to all these osteopathic events, I get to see my kids. My kids are all in the osteopathic

profession. This is a passion for me and my family. I love this profession. I don't think I can ever pay back this profession all that it has given to me. So you find time for what's important to you. This is very important to me and you make time for what's of value to you; this is of great value to me. I have tremendous support for my family, I have tremendous support from my faculty and my staff, and I have great support from my board. I didn't do all these visits, but we did all these visits, the profession did them. Tom Told and Steve Rubin and Jan Zieren and Kenny Heiles and every member of the board made visits for me. It was important that the profession be represented. They'll remember that the profession was there. Hell, they won't remember my name by the end of this week. It's not about me. It was about the profession and we made a commitment that the ACOFP was going to represent the profession. I had great support from my board. I love this profession and it's been important to me for 30 years, so I didn't mind working until 6:00 at night on Thursday and then taking a late a flight, getting in some place at 2:00 a.m. and represent the profession on Friday and Saturday. Then I would fly back home and work until 2:00 a.m. on Sunday morning to catch up, but you find time to do it. It couldn't have been done though without the amount of support that I had both from the board. I had great support from the profession too. They were flexible in making things to meet a schedule. I had tremendous support from people at my school. The Greg Smiths and the Tom Tolds and other people at my school that were saying: We think this is important and we'll help you cover here,. Life is easier with relationships and partnerships and I had some great relationships and partnerships.

Committee Member: After events of this week and D.O. Day on the Hill, with such a large presence of osteopathic family physicians, can you give some of your thoughts and perceptions of how family care was looked upon by our politicians especially since we combined our ACOFP National Convention with the AOA event here in Washington

Dr. Martin: We walked up there yesterday and I talked to two representatives and one Senator and they really thought it was <u>all</u> osteopathic family physicians up there. We got great leverage out of it all because you were singing out of their hymn book. They're up there talking right now about a primary care based system, about a family medicine-based system, about a system that's going to improve access to care and control costs and improve quality and they have become convinced in their mind that a primary care-based system is the best way to do that. So I thought it's one of the things that I guess if

you take an accomplishment during the year that the board and the association did, that's a huge accomplishment. We put 1,570 something people on the Hill yesterday at a time when the topic on the mind of Washington is health care reform;, timing is everything. I think that when we look back historically, this will be one of those watershed moments when we really made a difference did for our members. I think it was historic, and I'm going to tell you, everybody I talked to thought we were all family physicians up there yesterday. A couple of the surgeons that are friends of mine had their feelings hurt a little bit, but that's just the way it was. We went to the Hill at a time when health care reform and primary care was on legislator's minds, so that's what they heard. And you know what, we didn't change anybody's mind about anything yesterday, but we reinforced the hell out of the fact that osteopathic physicians can help this nation meet its goals. You sell something to people because it is what they want, sometimes they just don't know it yet. This whole thing is about their constituents. When I do relationship building with my partners and with hospitals, the first thing I ask is: Tell me what I can do to meet your goals. What do you need me to do to meet your goals? If I can build a synergistic relationship, a symbiotic relationships, I'm going to be successful because no matter how not much you like somebody, if the relationship is parasitic, they're going to get tired of it pretty soon. We happen to hit Congress at a time when it wants to do the same thing we want to do. That type of symbiotic relationship can last a long time. We walked up there when the Health Care Summit was going on talking about health care reform based upon primary care and we walked in and said, "Here I am." I mean the timing was tremendous. It'll be a watershed moment in our history because we were there trying to shape our future… And it wasn't easy. Shawn [Martin] and I had been working on this D.O. Day on the Hill behind the scenes more than anybody knows. It took a year with the logistics, and we were incredibly lucky. Fate was kind to us. We were doing the right thing at the right moment. If it hadn't been at the right time, we wouldn't have had the impact out of it. We got tremendous momentum accidentally.

Committee Member: The event was on the major television stations. It was on MSNBC and Fox News. And my daughter called me because she was so excited that she saw the all white coats. So the public saw us out there. They may not know right now exactly what to make of us but they saw us out there.

Dr. Martin: Sometimes timing is everything. I mean my wife had just broken up with her boyfriend when I asked her out for about the third time; she finally went out with me. Timing is everything, and we got damn lucky yesterday. But we'll take credit for it. It was like a great first date, I was smart enough to ask her out at the right time. It was a huge event for the osteopathic profession. I think that having anything with our students is almost always a big event. I want them to see what family medicine is. A lot of these kids went into school thinking: I'm not going to consider family medicine. There is a pot load of them impressed at the moment because of recent events. We had an opportunity to change some minds. We had to figure out how to get some of the students here. I think it was tremendous. The pathway to your goals has to be flexible. One of my goals was to be dean in one of our medical schools. I said, "If I never get there, I'm still going to teach. I'm still going to do it, and I'm going to do the right thing. I'm going to work really hard. If something happens in the middle of that pathway and I don't ever get there, I just want to be able to look back and feel good about what I did because I did it the right way and I worked hard at it and I accomplished some things. Doing it the right way along the way is important. I wanted to be president of ACOFP. I'll freely acknowledge it. But If I'd gotten taken off the board at six years, I can tell you I would've been at peace because I felt like I did the right things for the membership and the association all along the way. It's not about just the destination. It's about doing the right thing in the right way because then if you get interrupted at any point, you can still look back and say, "Well I didn't get to be dean, but I was a hell of a good teacher for 15 years. There are a lot of students that benefited because of what I did," and I think that's a very important way to deal with your life. Yeah, it's great to have goals, and some of them should be almost unobtainable because they're not of value if they're not difficult. The key is to maintain your ethics and your professionalism and to do it the right way as you get there because then if you don't get there, then it doesn't matter. I have lots of other goals in my life now. I may never get to them but, regardless, I'm going to continue to provide service to my profession in the right way and in the right manner. If I still never get there, I can look back with pride at what I did. That's very important. In organizations even if you get blunted, you still did the right thing. You still did some good. When I was in school, if I made a 94 on a test, I was pretty damn happy with that. I didn't have to make 100 to be successful, so you can't judge people lives by similar events. Their lives are the total composition of everything they

do and, some of us have screwed up. I mean I've done a lot of that. But you try to have a total composition of your life that's of value when you look back at it. I didn't mean to get philosophical, but it's important.

Committee Member: Just adding to the DO Day on the Hill, how do we make the point to Congress that osteopathic primary care is what we need, not nurse practitioners or PAs?

Dr. Martin: Well I think the first thing that you do is you go in and get them convinced of what they already want, and that's that need a change in our health care system. That's the first thing is get them to reinforce. Are you married?

Committee Member: Yes.

Dr. Martin: Okay, so your wife's been telling you what to do for X number of years or making you think that things that are important to you and the family are your idea, right?, So that's number one. Go in and reinforce what they think they want and then you show them how to get it. "Let me show you how to get what you want. You've already decided you want this now..." I frequently decide I want something that my wife's planted in my mind, but I decide I want it because I make all the big decisions in life, world peace and such, then my wife takes care of everything else. So you go into Congress or a state Legislature and show them how to do what they already want and you show them the best way. You don't concentrate on the nurse practitioner. I never mention my competition. I never talk about MDs vs. DOs. I just say DOs are one of the two fully licensed practitioners of medicine in the United States and these are the things that we do great. So we should go in and talk to them about what we can do to meet their needs, the health care needs of the United States. No doubt nurse practitioners are going to be part of the solution but we should be the focus. There's no question about it, MDs and DO primary care physicians can't supply all those needs right now, but I don't have to be the ones to help Congress them figure that out yet. I go in and tell them what we <u>can</u> do. Here's what osteopathic medicine and osteopathic primary care physicians can do to help you meet your needs. Let me show what we can do and let them figure out that they're going to need the advanced practice nurses to go along with them. I don't think we have enough primary care practitioners to do it alone. However, in negotiations, you don't mention them because any publicity is good publicity. Hell, I don't want to talk about them. I talk about what we can do. Here's what we can bring to the

dance. Here's what we can accomplish; and if you give me $5 million a year in Colorado, I'll put 40 more primary care physicians out in these counties that are unserved. I don't mention anything else about it. Now when I get down to the brass tack negotiations in the backroom, then I talk about the fully compensated, fully trained, fully competent osteopathic family physician and the difference in what we can make, but you better bring some facts to the dance. It's not emotional. There are studies that show that we do it at a lower cost because we use less expensive clinical facilities. There are studies that show we have better patient satisfaction. I get so angry at the nurse practitioners when they say, "We serve the rural and underserved populations." Bull! They go to the middle of the city just like everyone else, but you better bring your facts with you. And I have those facts. There are studies that show that 65% of all PAs that graduated this last year went into specialty practices and that 72% of all nurse practitioners went into specialty practices. They didn't go into primary care. They went to work for the cardiologist, the orthopedic. So when I get down to the "nut cutting", I bring those stats with me. When I'm talking philosophy, I talk about what we can do because I'm an authority on what we can do. I'm not an authority of what they do, I don't mention my competition. We will be able to convince people with proven facts that we can do it better, but we'll never be able to convince them mid-level practitioners shouldn't be a part of the system because the bottom line is that there's 125,000 MD and DO family practitioners in the United States to meet the health care needs of this country. The way we're talking right now, we will need three times that number. We can't get to three times that number anytime soon. We just can't get there.

Committee Member: Ronnie, what would you say at this point is your fondest memory of your presidency?

Dr. Martin: That's pretty easy. It's the relationships, the friendship, the kindness, the companionship, the tremendous personal relationships that I developed this year with a variety of people. I say that and it sounds so cliché but everywhere Sherri and I traveled we were treated with respect and love and with dignity, just like family It was always like family and with real love by the entire profession. I don't know if I deserved it, but I certainly know I appreciated it. The relationships that I built with people on our board and every place that I went, the opportunity to have that type of personal relationships...that would probably be number one. Number two was, without a doubt, to be blessed with the opportunity to serve something that I love so much. I don't know if I did it well, but I will

always appreciate that I had the opportunity to try to do it, to make the effort to provide service back to the people that I worked with and who gave me so much. I stop and think about eight years on the board, and the wonderful personal relationships that I've developed during that period of time, the amount of respect that I've developed for people and just the fact that across this country I have people that I could call, it is indescribable. If one of my kids get sick anyplace in this country, I can pick up the phone and call somebody and they'll be taken care of. If my wife had a problem from California to Maine traveling, I have people that personally I could pick up the phone and call and say, "I need some help," and I would get it, just as if anybody across the country could call me and say, "I need something," and they would get it. They wouldn't get it out of guilt. They wouldn't get it out of gratitude; they would get it out of personal respect and because it's just the right thing to do. It is that type of personal relationships that you get to build in this position, when you're the face of an organization, when you're given the opportunity to represent something you love, it is tremendous and you'll never forget it. Individual events will come and go. I mean I had a great time. My wife and I spent our 40th Anniversary in Ohio and we were treated like family. I did my 60th birthday at the Florida convention and we were treated like royalty. The bottom line, with those folks is a unique, personal and high quality relationships that you'll treasure, absolutely treasure for the rest of your life. It's not an event. You're a temporary when you're president. I mean you're just trying to not to embrace the position more than anything else and you're just a temp, but I will always treasure the relationships that I had.

Committee Member: Last question Dr. Martin: What is your wish and your vision for the future of ACOFP?

Dr. Martin: My wish and my vision is that we fulfill our promise. That we quit thinking of ourselves as a second class, little bit – "oh poor me", mealy-mouthed, whinny organization and realize what we can contribute to this country. We need to discover how valuable we are of the health care of our patients, how significant we are. We take care of 100 million people a year. That's significant.! There's a fine line between confident and cocky, and I don't want us ever to be cocky because we get knocked down, but we start to develop that self-pride, that self-image, that tremendous image that we've earned, that we deserve. We don't deserve anything except respect and growth and a prominent role in an evolving healthcare system. We are a group of people who dedicate their lives to the service of other people.

That's admirable. We're a group that's done it very well and very efficiently. That's admirable. We'll be so much more effective when we realize our incredible value to patients and to the entire system. DOs do it right! If we develop a strong self-image and strong self-esteem and if we act on that self-image and self-esteem, we can be unbelievably effective. So my wish for the profession and the members of the ACOFP would be that we would realize our potential and then act on that and that we would develop a stronger self-image. Dammit! We are damn good and people like us. What more do we need? We do everything that every policymaker in this country stands up and says that they need in physicians, that they are patient-centered and develop partnerships and concentrate on health, and are advocating for their patients, you know, all the stuff we've been doing for years. Maybe we haven't dealt with electronic health records or with documented registries, but we've being doing patient centered quality humanistic care well for 130 years. We are, and have been for 130 years, the health care system that this country's saying they need, and dammit, we need to realize it then make the rest of the world realize it. We're exactly what they're asking for, and we have been since the 1872 when A. T. Still started shooting his mouth off about it. So it ticks me off every time I hear somebody say, "Osteopathic medicine, Americas best kept secret." Bull! After 130 years, we shouldn't be anybody's best kept secret. We shouldn't be the best kept secret ever again. We have earned the right to take a prominent role in this country's health care debate because we've been doing it right for decades, not just for the past few months since it got popular. We was country before country was cool. We've been doing it for a long time, and I wish we would act on that and develop that strong self-esteem and self-image that we deserve.

Committee Member: Mr. Chairman, I must say that this organization and this profession is better because Ronnie Martin is such a big part of it and I'd like to thank you Ronnie for being a role model, a mentor and a friend to not just myself and everybody on this committee, but to the profession. You have earned the respect, the honor of the entire profession and because you have done so much to bring the ACOFP to its present position, I know that you won't become a "Dr. Who?" that past presidents often become because you are somebody that has will continue to make a tremendous difference for osteopathic physicians. We all thank you for that.

Dr. Martin: I say to the house, it's been an absolute honor to be allowed to serve and I hope that I can continue to serve for another 30 years. Doesn't matter whether you're standing up front or sitting in the back…we've all been given a whole lot by this profession and you got to try to give a little bit back a little.

Committee Member: Wonderful! Thank you Dr. President. We stand adjourned.